

SERFF Tracking Number:	CNNB-125526432	State:	Arkansas
Filing Company:	The Cincinnati Insurance Company	State Tracking Number:	EFT \$25
Company Tracking Number:	H-08-7054-AR		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	Homeowner Rules		
Project Name/Number:	/		

## Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: Homeowner Rules

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Filing Type: Rule

SERFF Tr Num: CNNB-125526432 State: Arkansas

SERFF Status: Closed

Co Tr Num: H-08-7054-AR

Co Status:

Author: Matt Terrell

Date Submitted: 03/06/2008

State Tr Num: EFT \$25

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Disposition Date: 03/07/2008

Disposition Status: Filed

Effective Date Requested (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

10/01/2008

State Filing Description:

## General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 03/07/2008

State Status Changed: 03/07/2008

Corresponding Filing Tracking Number:

Filing Description:

Homeowner Rule update

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

Matt Terrell, Senior Filings Analyst

matt\_terrell@cinfin.com

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6200 S. Gilmore Road	(513) 603-5264 [Phone]
Fairfield, OH 45014	(513) 881-8885[FAX]

**Filing Company Information**

The Cincinnati Insurance Company	CoCode: 10677	State of Domicile: Ohio
6200 S. Gilmore Rd.	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0542366	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$25.00	03/06/2008	18382637

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Becky Harrington	03/07/2008	03/07/2008

*SERFF Tracking Number:*      *CNNB-125526432*

*State:*      *Arkansas*

*Filing Company:*      *The Cincinnati Insurance Company*

*State Tracking Number:*      *EFT \$25*

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*TOI:*      *04.0 Homeowners*

*Sub-TOI:*      *04.0000 Homeowners Sub-TOI Combinations*

*Product Name:*      *Homeowner Rules*

*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 03/07/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 10/01/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CNNB-125526432	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		No
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Rate	Manual Pages	Filed	Yes

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## **Rate Information**

Rate data does NOT apply to filing.

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Manual Pages	HP-7, HP-24	Replacement	AR HO 10-08 D.pdf



# THE CINCINNATI INSURANCE COMPANIES

## ARKANSAS HOMEOWNERS

### 13. RESERVED FOR FUTURE USE

### 14. ENHANCED REPLACEMENT COST - COVERAGE A

- A. HO3 and Executive forms** may be extended to include replacement cost coverage for Coverage **A** dwellings up to 25% (**HR904**) or 50% (**HR904A**) more than the limit of insurance on the Declarations Page.

**Note:** This coverage is not available for **Tenants, Condominium Unit Owners** or **Executive Classic™** forms.

**B. Requirements:**

1. The Coverage **A** limit must be 100% of replacement cost at inception;
2. Values must be reviewed annually thereafter for necessary increases;

**Note:** Addition of form **HR709** - Inflation Guard Endorsement eliminates this requirement.

3. A signed statement that the producer has seen the house;
4. A completed dwelling valuation form; and
5. Front and rear photos of the dwelling.

**C. Ineligible Risks:**

1. Unusual or irreplaceable constructed type dwellings; or
2. Dwellings rated Protection Class 10.

**D. Annual Premiums:**

	<b>HR904 (25%)</b>	<b>HR904A (50%)</b>
1. For dwellings constructed in 1950 or after -	\$10	\$20
2. For dwellings constructed prior to 1950 -	\$20	\$40

**E. Endorsement**

Attach Form **HR904** - Enhanced Replacement Cost - Coverage **A** (25% Additional Replacement Cost Limit), or

Attach Form **HR904A** - Enhanced Replacement Cost - Coverage **A** (50% Additional Replacement Cost Limit).

# THE CINCINNATI INSURANCE COMPANIES

## ARKANSAS HOMEOWNERS

### 26. MECHANICAL BREAKDOWN COVERAGE - ALL FORMS EXCEPT TENANTS

#### A. Description of Coverage

Coverage may be provided for all forms for sudden and accidental mechanical breakdown that results in direct physical loss to covered equipment necessitating its repair or replacement.

1. None of the following is an "accident":

- a. Leakage at any valve, fitting, shaft seal, gland packing, joint or connection;
- b. The functioning of any safety or protective device;
- c. Depletion, deterioration, erosion, rust or other corrosion;
- d. Wear and tear;

2. Covered equipment means:

Property covered under Coverage **A** - Dwelling or Coverage **B** - Other Structures, that:

- a. Generates, transmits or utilizes energy; or
- b. During normal usage, operates under vacuum or pressure, other than the weight of its contents.

3. None of the following is covered equipment:

- a. Structure or foundation;
- b. Insulating material;
- c. Sewer piping, buried vessels or underground piping;
- d. Kitchen or laundry appliances including, but not limited to, refrigerator, freezer, dishwasher, oven, stove, clothes washer, or clothes dryer, all whether built-in or freestanding;
- e. Electronic entertainment equipment, computer equipment, or electronic data processing equipment including but not limited to television or stereo equipment, or any electronic component used with such equipment, all whether built-in or freestanding; or
- f. Property covered under Coverage **C** - Personal Property.

#### B. Additional Coverage Features

- 1. Additional Living Expense, with respect to this coverage, is expanded to include up to \$200 per day for no more than five (5) consecutive days, up to a maximum of \$1,000 per one accident. This \$1,000 limit is included within the Limit of Insurance for this coverage.
- 2. If covered equipment cannot be repaired, replacement equipment (but not more than 125% of what the cost would have been to replace with like kind and quality) will be equipment that is better for the environment, safer or more efficient than the equipment being replaced.
- 3. The maximum paid for loss, damage or expense under this endorsement arising from any one accident is \$50,000.

#### C. Deductibles / Premiums

Deductible	Premium
\$ 500	\$50
1,000	42
2,500	35
5,000	25
10,000	20

The policy deductible must be at least \$500 for this coverage to be endorsed and the policy deductible also applies to Mechanical Breakdown Coverage.

#### D. Endorsement

Attach Form **HR961** - Mechanical Breakdown Coverage

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Filed	03/07/2008
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**Comments:**

**Attachment:**

#P&CTransmittal.pdf

# Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
The Cincinnati Insurance Companies	10677

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	OH	0244-10677	31-0542366	

<b>5. Company Tracking Number</b>	<b>H-08-7054-AR</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Matt Terrell P.O. Box 145496 Cincinnati, OH 45250-5496	Senior Analyst	513.603.5264	513.881-8885	matt_terrell@cinfin.com

<b>7.</b> Signature of authorized filer	
<b>8.</b> Please print name of authorized filer	Matt Terrell

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	Homeowner
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Homeowner
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	Homeowner Program
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 10/1/08                      Renewal: 10/1/08
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	

20. This filing transmittal is part of Company Tracking #	H-08-7054-AR
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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14. ENHANCED REPLACEMENT COST - COVERAGE A New option available 50% Additional Replacement Cost Limit (HR904A).

26. - MECHANICAL BREAKDOWN COVERAGE - Deductible qualification under C. amended to 'The policy deductible must be at least \$500 for this coverage to be endorsed and the policy deductible also applies to Mechanical Breakdown Coverage.' from 'The deductible ap-plicable (minimum, \$500) to the Homeowners policy to which this coverage is endorsed also applies to Mechanical Breakdown Coverage.'

**22. Filing Fees** (Filer must provide check # and fee amount if applicable)  
 [If a state requires you to show how you calculated your filing fees, place that calculation below]

**Check #:** EFT  
**Amount:** 25.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

Effective March 1, 2007

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**